

**Government of the District of Columbia**  
**Department of Insurance, Securities and Banking**



**Lawrence H. Mirel**  
Commissioner

**Risk Finance Bureau**

**FORM CAP-2 --PREMIUM TAX CREDIT ALLOCATION REQUEST FORM**  
**(Revised September 13, 2004)**

|                                    |
|------------------------------------|
| Date and Time of Claim Submittal   |
| Signature of Office Representative |

COMPLETE ONE (1) REQUEST FORM FOR EACH INVESTOR OF CERTIFIED CAPITAL.  
ALL QUESTIONS MUST BE ANSWERED; IF ANSWER IS "NONE" OR "NOT APPLICABLE", SO STATE.  
Attach addendum or separate sheet if space herein is insufficient to answer any question fully.

|  |            |                   |  |  |  |
|--|------------|-------------------|--|--|--|
| 1. Name of Certified Capital Company   |            |                   | 2. Address (Street, City, State, and Zip Code)       |  |  |
| 3. Telephone No.   | 4. Fax No. | 5. E-mail Address | 6. Name and Telephone Number of Contact Person       |  |  |
| 7. I do hereby certify that the Certified Investor listed below is legally bound and irrevocably committed to make an investment of certified capital in this CAPCO in the amount allocated, even if such amount is less than the amount of the claim, subject only to the receipt of an allocation pursuant to section 4(a) of the Certified Capital Companies Act of 2003. |            |                   |  |  |  |
| Name and Title of CAPCO Authorized Representative  |            |                   | Signature and Date                                   |  |  |
| 8. Name of Certified Investor  |            |                   | 9. Amount of Premium Tax Credit Allocation Requested |  |  |
| 10. Address (Street, City, State, and Zip Code)  |            |                   | 11. Telephone No.                                    |  |  |
| 12. NAIC Number / Group Number   |            |                   | 13. Federal Employer Identification Number           |  |  |
| 14. Name of Contact Person   |            |                   |  |  |  |
| 15. Nature of Certified Investor's Relationship with the CAPCO (may select more than 1)<br><br>____ Equity interest in CAPCO<br>____ CAPCO's qualified debt  |            |                   |  |  |  |

**IRREVOCABLE AND BINDING AFFIDAVIT OF INTENT BY THE CERTIFIED INVESTOR**

|  |   |
|--|---|
| <p>16. The Investor agrees to become legally bound and irrevocably committed to make an investment of Certified Capital in the above named CAPCO in the amount allocated by the Department, even if such amount is less than the amount requested on the Premium Tax Credit Allocation Claim Form, subject only to the receipt of an allocation of Premium Tax Credits pursuant to section 4(a) of the Certified Capital Companies Act of 2003.</p> <p align="center">_____<br/>Certified Investor's Initials</p>  |   |
| <p>17. The Investor has read the Certified Capital Companies Act of 2003, and the rules promulgated thereunder, and fully understand the CAPCO program requirements and the commitment being made by the Investor.</p> <p align="center">_____<br/>Certified Investor's Initials</p>   |   |
| <p>18. The Investor agrees that it will forfeit Premium Tax Credits allocated to the Investor if the Investor fails to invest the full amount of Certified Capital allocated by the Department to such Investor in accordance with the Premium Tax Credit Allocation Claim Form filed by the CAPCO on its behalf.</p> <p align="center">_____<br/>Certified Investor's Initials</p>  |   |
| <p>19. Each Investor shall submit either a Resolution from the Investor's Board which states that the Board of Directors has authorized the individual(s) who signed such documents to enter into such contracts/agreements on behalf of the Investor OR an Incumbency Certificate executed by the Secretary of the Investor attesting to the position with the Investor that is held by the individual(s) who signed such documents. Such position, which the individual(s) holds with the Investor must be one that is given authority to sign such documents in the company's By-Laws or other such document.</p> <p align="center">_____<br/>Certified Investor's Initials</p>   |   |
| <p>20. The Investor represents that neither it, nor any of its affiliates, has a relationship (other than in the ordinary course of business) with one or more CAPCOs other than as a Certified Investor under the Certified Capital Companies Act of 2003. Additionally, the Investor shall submit a list of all insurance company affiliates (including the Affiliate's name, Affiliate's Insurance Premium Tax Identification Number (NAICL Group Number), the Affiliate's address and a description of the Affiliate); a list of all Certified Capital Company Affiliates of the Investor (including the Affiliates' name, the Affiliates' address and a description of the Affiliate), if any.</p> <p align="center">_____<br/>Certified Investor's Initials</p>            |   |
| <p>21. Each CAPCO shall submit a list of guaranties, indemnities, bonds, insurance policies, or other payment undertakings that the CAPCO undertook or will undertake for the benefit of its Certified Investors. In no case shall more than one Certified Investor of the CAPCO or Affiliate of Certified Investors be entitled to provide such payment undertakings in favor of the Certified Capital Company and its Affiliates in the District of Columbia. Such list shall include the amount of each payment undertaking, the provider of each payment undertaking for the Certified Investors and a description of the payment undertaking. Such list shall be in the form of a statement by the CAPCO.</p> <p align="center">_____<br/>Certified Investor's Initials</p> |   |
| <p>22. I further understand and agree that the Premium Tax Allocation Requests shall be filed on November 8, 2004. Premium Tax Credit Allocation Requests filed prior to the date referenced in the preceding sentence shall be deemed to have been received by the Commissioner on the aforementioned date. I further understand and agree that the Premium Tax Credits shall be allocated to all Certified Capital Investors, on a pro-rata basis pursuant to section 5(d) of the Certified Capital Companies Act of 2003, who file a Premium Tax Allocation Request on or before November 8, 2004.</p> <p align="center">_____<br/>Certified Investor's Initials</p>  |   |
| <p>23. The Certified Investor agrees to be bound by interpretation found in the Department's Bulletin No. 04-RFB-001 issued on September 7, 2004, which addresses the timing of the use of premium tax credits.</p> <p align="center">_____<br/>Certified Investor's Initials</p>  |   |
| <p>24.</p> <p>I do hereby certify that this is a binding agreement of the Investor. The Certified Investor agrees that it is legally bound and irrevocably committed to make an investment of certified capital in this CAPCO in the amount allocated, even if such amount is less than the amount of the claim, subject only to the receipt of an allocation pursuant to section 5(d) of the Certified Capital Companies Act of 2003. The Investor is obligated to transfer cash to the above named CAPCO within five (5) business days after the Department notifies the Capco of the allocation of Premium Tax Credits to the Investor pursuant to section 5(d) of the Certified Capital Companies Act of 2003.</p>   |   |
| <p>Sworn to and subscribed before me this _____ day of 20____.</p>   |   |
| <p>Signature of Certified Investor and Date</p>  | <p>Name and Title of Authorized Representative for the Certified Investor</p> |
| <p>Notary Information and Signature</p>  | <p>Notary Seal</p>  |

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Listing of Affiliates  
Item #24

Name of Certified Investor: \_\_\_\_\_

Insurance Group: \_\_\_\_\_

| Name of Affiliate | NAIC Number/ Group Number | Address | Description of the Affiliate |
|-------------------|---------------------------|---------|------------------------------|
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CONFIRMATION OF COMPLIANCE WITH AFFILIATE AND CONTROL DEFINITIONS

Item #25

1. The Certified Capital Companies Act of 2003 contains the definition of “affiliate”.
2. The Certified Capital Companies Act of 2003 refers to “control” but does not specifically define it; however, the Department defines “control” as follows:

“Control”, including the terms “controlling”, “controlled by”, and “under common control with”, means the possession by an insurance company or an affiliate of the insurance company, directly or indirectly, of the power to direct or cause the direction of the management and policies of the CAPCO, whether through the ownership of voting securities, by contract other than commercial contract for goods or non-management services, or otherwise. Control is presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing ten (10) percent or more of the voting securities of the CAPCO.

3. In addition to the test based on status or voting control, an examination of the contractual, consulting, and other “arrangements” shall be undertaken to see if “control” is being directly or indirectly exercised by the insurance company over the CAPCO.

I do hereby certify that we are in compliance with the statutory provisions and the definitions of “affiliates” as provided for in the Certified Capital Companies Act of 2003 and as provided for by existing standard industry definitions of control stated herein by the Department.

|   |                                     |
|---|-------------------------------------|
| Signature of Certified Investor and Date        | Name and Title of Authorized Member |
| Signature of Certified Capital Company and Date | Name and Title of Authorized Member |